MULTIPLE DEPEN ENT CLAIM

FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) 0/5026 3

PILING DATE

applicant(8

CLAIMS

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PTO - 1360 (REV. 11/04)

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TOTAL DEP.		(-		+	<u> </u>	←
TOTAL CLAIMS						\$ 5,44

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